

1. EPA ID NUMBER		<div style="display: flex; justify-content: space-around; font-family: monospace; font-size: 1.2em;"> PAD00234G08 </div>									
2. FACILITY NAME <u>ALAX/Acom Mfg Inc.</u>											
3. NOTIFICATION DATE <u>7/14/00</u>						4. SOURCE (circle one): N A <u>(S)</u> E					
WASTE ACTIVITY	5. TYPE (New Status) (circle one)	6. RCRA REGULATORY STATUS (circle one)	7. STATUS DESCRIPTION (circle one)								
GENERATOR (Current Status) <input checked="" type="radio"/> 1 LQG 2 SQG 3 CESQG 4 Other _____	1 LQG 2 SQG <input checked="" type="radio"/> 3 CESQG Not a generator, verified Blank Unverified	<input checked="" type="radio"/> R RCRA Regulated <input type="radio"/> P Pending <input type="radio"/> A Regulated under another ID Number <input checked="" type="radio"/> N Not RCRA Regulated (closed, non-handler)	1 Conditionally Exempt Small Quantity Generator 2 Definitionally excluded waste 3 Delisted wastes 4 One-time generator 5 Periodic generator 6 No longer generating hazardous waste, still in business <input checked="" type="radio"/> 7* No longer generating hazardous waste, no longer in business 8* Never generated hazardous waste 9 ID number to transport hazardous waste 10 Regulated under another number (*most commonly used)								

STATUS CHANGE DETERMINED BY:

<input checked="" type="checkbox"/> Inspection Report	_____ Revised Notification
_____ Revised Notification from the Facility	_____ EPA Clean Closure Certificate
_____ State Documentation Certifying Clean Closure	_____ Affidavit from the Facility
_____ Affidavit from the State	_____ Biennial Report
_____ Documentation not Required	_____ Other (explain below)



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Time Start _____

Time Finish _____

HAZARDOUS WASTE INSPECTION REPORT

☒ GENERATOR☐ S Q GENERATORCompany name Ajax/Adorn manufacturing, Inc. I.D. Number PADDD2346088Site Address 3930 Germantown PikeCounty Montgomery Municipality Collegeville Zip 19426Name of Inspector Jessica Harkley

Name & Title of Responsible Official _____

Person Interviewed _____ Telephone (____) _____

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per Month: _____ Pounds _____ Kgs

1. Site Characterization:

STORAGE: ☐ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types _____

3. Hazardous Waste Transporters:

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
FACILITY IS CLOSED		

HAZARDOUS WASTE INSPECTION REPORT

GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Ayox/Alcon Mfg. Inc. ID Number PADDD02346088 Date 7/14/2000
1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
<input checked="" type="checkbox"/>				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
<input type="checkbox"/>				Identification Number	262a.10	262.12	H002
<input type="checkbox"/>				Authorized transporters only	262a.10	262.12(c)	H003
<input type="checkbox"/>				Subsequent notification requirements met	262a.12(b)		H004
<input type="checkbox"/>				Proper manifest used	262a.10	262.21	H005
<input type="checkbox"/>				Manifests filled out correctly and completely	262a.20		H006
<input type="checkbox"/>				Manifests signed and routed properly	262a.23(a)	262.23	H007
<input type="checkbox"/>				Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
<input type="checkbox"/>				SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
<input type="checkbox"/>				SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
<input type="checkbox"/>				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
<input type="checkbox"/>				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
<input type="checkbox"/>				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
<input type="checkbox"/>				Specified records retained for three years	262a.10	262.40(c)	H014
<input type="checkbox"/>				Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
<input type="checkbox"/>				Exception reporting procedures followed	262a.42	262.42	H016
<input type="checkbox"/>				Spill reporting procedures followed	262a.10	262.34(d)	H017
<input type="checkbox"/>				PPC plan developed and implemented	262a.10	262.34(a)	H018
<input type="checkbox"/>				Special requirements followed for international shipments	262a.10	262.50 262.60	H019
<input type="checkbox"/>				Source reduction strategy prepared and available (LQG only)	262a.100		H020
<input checked="" type="checkbox"/>				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name Ajax/Amco Manufacturing Inc ID Number PAD002346088 Date 7/14/2000
 1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
<input checked="" type="checkbox"/>				CONTAINERS (Subchapter I)			
				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
				Containers of hazardous waste in good condition	265a.1	265.171	H026
				Containers and stored waste compatible	265a.1	265.172	H027
				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
				Containers managed to prevent leaks	265a.1	265.173(b)	H029
				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
				Container storage areas inspected at least weekly	265a.1	265.174	H031
				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
				Proper containment and collection systems in place	265a.179		H033
				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
				Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
				Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
				Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name Apex/Amco Mfg. Inc. ID Number PAD002346088 Date 7/14/2000
 1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA CODE	FED CIT. 40 CFR	LINE NO.
				LQG TANKS (Subchapter J)			
	X			Tanks labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H040
				Written certification by registered professional engineer for proper tank (system) design and installation on file	262a.10	265.192(a)	H041
				Secondary containment provided for tanks (systems) as required	265a.193	265.193	H042
				Tanks (systems) managed to prevent rupture, leak, corrode or fail	265a.1	265.194	H043
				Tanks labeled to accurately identify contents	265a.194		H044
				Required inspections completed and documented in operating log	265a.195	265.195	H045
				Release reported to Department within 24 hours, unless exempted	265a.1	265.196	H046
				Special requirements for ignitable and reactive wastes followed	265a.1	265.198	H047
				Special small quantity generator requirements	265a.1	265.201	H048
				SQG TANKS			
				Waste contents compatible with tank	265a.1	265.201(b)(2)	H051
				Uncovered tanks operated with 2 feet of freeboard or equivalent containment capacity	265a.1	265.201(b)(3)	H052
				If continuously fed, tank has method to stop inflow	265a.1	265.201(b)(4)	H053
				Daily tank inspection requirements complied with	265a.1	265.201(c)(1-3)	H054
				Weekly tank inspection requirements complied with	265a.1	265.201(c)(4,5)	H055
				All waste removed at closure	265a.1	265.201(d)	H056
				Special requirements for ignitable or reactive waste complied with	265a.1	265.201(e)(1)	H057
				Covered tank buffer zone requirements complied with	265a.1	265.201(e)(2)	H058
				Incompatible waste requirements met	265a.1	265.201(f)	H059

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection July 14, 2000

Identification Number PAD002346088

Company/Facility/Site Name Ajax/Acorn Manufacturing, Inc.

On July 14, 2000, Jessica Hartley, Solid Waste Specialist of the Pennsylvania Department of Environmental Protection conducted a hazardous waste generator inspection for Ajax / Acorn Manufacturing, Inc.

Ajax/Acorn Manufacturing, Inc. is no longer in operation at 3930 Germantown Pike in Collegeville, PA. There is no facility at this address at the present time. The RCRIS Database should be changed since this facility no longer exists at this location.

No violations were noted at the time of the inspection.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) _____

Date _____

Inspector (signature) Jessica Hartley

Date July 17, 2000

Page 5 of 5

Department of Environmental Resources

1875 New Hope Street
Norristown, PA 19401
215 631-2420

August 17, 1983

Mr. Edmond Barrett, President
Ajax Stamping and Manufacturing, Inc.
P. O. Box 160
Collegeville, PA 19426

Re: Identification No. PAD 002346088

Dear Mr. Barrett:

It has been determined by our staff that you are not a TSD facility or that you qualify under the permit by rule provision in our hazardous waste management rules and regulations.

Therefore, you will not have to submit a Part B hazardous waste permit application and we are returning your Part A application if you previously submitted one to the Department.

This means you no longer have interim status as a TSD facility and you may not engage in this type of activity at your facility. You will not be required to secure a hazardous waste management permit for your facility, but you are still subject to any portion of the hazardous waste management rules and regulations published in the Pennsylvania Bulletin September 4, 1982 which pertain to your facility. This includes the submission of a closure plan if you operated as a treatment storage or disposal facility after November 19, 1980.

If you qualify under the permit by rule provision of the regulations then you may continue to operate as a hazardous waste facility in accordance with NPDES or local sewer authority requirements.

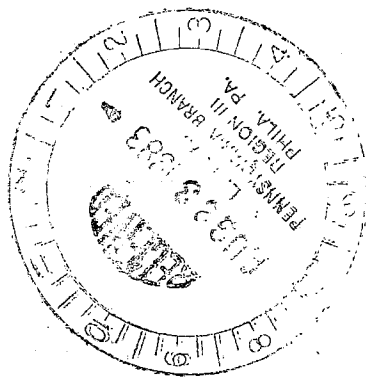
This does not release you from Environmental Protection Agency requirements. You will have to contact their Philadelphia Regional Office to verify that you do not have to submit a Part B application to their agency.

If you have any questions concerning this, I can be reached at 631-2420.

Very truly yours,

LAURENCE H. LINSK
Solid Waste Facilities Supervisor

cc: Collegeville Borough
Montgomery County Planning Commission
U. S. Environmental Protection Agency
Division of Hazardous Waste Management
Re HA49



CPA

1875 New Hope Street
Morristown, PA 19401
215 270-1948

June 15, 1987

Ajax/Acorn Manufacturing, Inc.
3930 Germantown Pike
P. O. Box 160
Collegeville, PA 19426

Re: Manifest Review
Manifest Document No. PAS2074520
EPA Identification No. PAD002345088

NOTICE OF VIOLATION

Gentlemen:

This letter is to confirm the findings of the Department's review of the above manifest. Requirements for hazardous waste facilities are contained in Chapters 75.266 through 75.267 of the Rules and Regulations of the Department. Violations of applicable sections of these regulations found during our review are as follows:

75.262(7)(1) The incorrect generator EPA ID number was listed in 1. PAD014146179 is the ID number for Eldredge Inc. PAD002345088 should have been supplied as the EPA ID number.

You are hereby notified of both the existence of these violations as well as the need to provide for their prompt correction. Toward this end, you are requested to submit to the Department within fourteen (14) days a report explaining the reasons for the violations and a proposed program to prevent their reoccurrence. Please indicate with your report documentation that the discrepancies have been resolved.

This letter does not waive, either expressly or by implication, the power or authority of the Commonwealth of Pennsylvania to prosecute for any and all violations of law arising prior to or after the issuance of this letter or the conditions upon which the letter is based. This letter shall not be construed so as to waive or impair any rights of the Department of Environmental Resources, heretofore or hereafter existing.

This letter shall also not be construed as a final action of the Department of Environmental Resources.

If you have any questions concerning this matter, please feel free to contact me at 270-1948.

Very truly yours,

CAROL A. QUIGLEY
Waste Management Specialist

cc: G. Danylin
N. Roncetti
Division of Compliance & Monitoring

EPA
Re 3C (DAC)166.11

SUBJECT: RCRA Inspection - *Ajax/Acorn Manufacturing Inc. - Collegeville, Pa.* DATE:
PAD 002346088

FROM: *gk* Gregory A. Koltonuk, [REDACTED]
RCRA Enforcement Section (JHW) 15

TO: File

Thru: *11/14/88*
VICKY BINETTI, CHIEF - RCRA ENFORCEMENT SECTION, 3H4/15

THE STATE IS TAKING ACTION TO RESOLVE THE VIOLATIONS IN THIS
INSPECTION REPORT.

WE WILL MONITOR THE STATE ACTIVITY REGARDING RESOLUTION OF THESE
VIOLATIONS.

(F-wastes)

AXAX STAMPING & MFG CO

Hazardous Waste Inspection Report
Generators - Part A

Date of inspection 8/9/88 Time start _____ Time finish _____
Name of inspector Carol A. Quigley
Company, installation name ATAX/ACORN MANUFACTURING INC.
Location 3930. Germantown Pike, Collegeville PA 19426
County Montgomery Municipality Lower Providence
Identification number PA0002346088
Name of responsible official Robert Kamin
Title President
Mailing address 3930. Germantown Pike, P.O. Box 160, Collegeville PA 19426
Area code and telephone number (215) 489-7249
Name of person interviewed R. Kamin + Chuck Miserendino
Title _____
Mailing address (if different from above) same as above
Area code and telephone number same

1. Current waste handling method:

- | | | | | | |
|----|--|-------------------------------------|-----------------------------------|--|---|
| a. | <input type="checkbox"/> On-site | <input type="checkbox"/> treatment, | <input type="checkbox"/> storage, | <input type="checkbox"/> disposal | <input checked="" type="checkbox"/> PBR |
| b. | <input type="checkbox"/> On-site | <input type="checkbox"/> use, | <input type="checkbox"/> reuse, | <input type="checkbox"/> recycle, | <input type="checkbox"/> reclaim |
| c. | <input checked="" type="checkbox"/> Off-site | <input type="checkbox"/> treatment, | <input type="checkbox"/> storage, | <input checked="" type="checkbox"/> disposal | |
| d. | <input type="checkbox"/> Off-site | <input type="checkbox"/> use, | <input type="checkbox"/> reuse, | <input type="checkbox"/> recycle, | <input type="checkbox"/> reclaim |

2. Amount of hazardous waste produced:

a. ✓ 37,500 kg./mo.

b. ✓ 450,000 kg./yr.

Based on 3rd + 4th 1987,
1st + 2nd 1988
Quarterly Reports

3. Types of hazardous waste produced by Hazardous Waste Number:

D001

F005

F006

4. Are hazardous wastes transported off-site by the generator? ☐ Yes ☐ No

Eastern Chemical Waste Systems → Rineco Chem Ind
" " " " → Chem met

Enviroite → Enviroite

Safety Kleen

Eldredge → Dupont

BES → Waste Conversion

Hazardous Waste Inspection Report Generators — Part B

1—No Violation Observed				2—Not Applicable	3—Not Determined	4—Non-Compliance
Status				REQUIREMENT		Chapter Citation
1	2	3	4			75.262
				Hazardous waste determination, copies available		(b)
X				Identification number		(c)(1)
X				Hazardous waste shipments offered only to licensed transporters		(c)(4)
		X		Authorization received from TSD facility for wastes shipped off-site		(d)
X				PA manifest used for intrastate shipments		(e)(2)
X				Disposer state manifest or EPA format manifest used for out-of-state shipments		(e)(3)
X				Manifests filled out properly and completely		(e)(7)
X				Manifests routed properly and within time limits (7 days)		(e)(14) or (15)
		X		Proper U.S. DOT shipping containers or packages		(f)(1)(i)
		X		Shipping containers marked and labeled according to U.S. DOT		(f)(1)(ii)
			X	Containers of 110 gal. or less marked with required PA label		(f)(1)(iii)
		X		Placards offered to transporter		(f)(2)
		X		Wastes accumulated on-site for less than 90 days <i>- no labels</i>		(g)(1)(i)
			X	Wastes stored in proper containers and properly marked and labeled		(g)(1)(ii)
			X	Containers managed in accordance with 75.265(q)(1)–(9) <i>- no labels, no log</i>		(g)(1)(iii)
			X	Containers clearly marked with accumulation date and visible for inspection <i>no labels</i>		(g)(1)(iv)
X				Records retained at designated location for 20 years		(h)
X				Quarterly reports submitted to the Department		(i)
X				Exception reporting procedures followed		(j)
	X			Hazardous waste disposal plan, if required		(l)
X				Spill reporting procedures followed		(m)(1)
		X		Preparedness, Prevention and Contingency Plan and implemented		(m)(5)
	X			Special requirements followed for international shipments		(o)
			X	On the job or classroom personnel training program [75.265(f)]		(g)(1)(6)
			X	Drum accumulation area inspected weekly as per 75.265(q)(5)		(g)(1)(iii)

Hazardous Waste Inspection Report
Comments - Part C

Date of Inspection 8/9/88 Identification Number PA 0002 346 088
Company, Installation Name ASAX/ Accon Manufacturing
County Montgomery Municipality Lower Prov.

Facility treats wastewater generated from electroplating operation. At time of inspection, hazardous waste determination was not available for untreated wastewater. Sample should be analyzed for EP Toxicity (heavy metals) and corrosivity.

Facility functions as Permit-by-Rule ~~There is~~ records in file indicating PBR status was granted by DER (9/27/84).

All drums of hazardous waste stored on site must be properly labelled at the time waste was initially placed in drum. At time of inspection, there were several drums of product which are to be shipped off-site as waste - there were no hazardous waste labels on drums.

Weekly drum inspection log must be implemented & maintained.

Hazardous waste tanks need to be labelled to adequately identify contents of tanks. All tanks in wastewater treatment system should be labelled.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.

Person Interviewed (signature) _____ Date _____
Inspector (signature) _____ Date _____

Hazardous Waste Inspection Report
Comments - Part C

Date of Inspection 8/9/88 Identification Number PA0802346088
Company, Installation Name ATAI/ACORN MANUFACTURING
County Montgomery Municipality Lower Prov.

Hazardous waste sludge should not be allowed to accumulate in contained area. When water is removed from sludge tank, sludge should not also be removed from tank.

Personnel training ~~sh~~ needs to be documented.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.

Person Interviewed (signature)

Charles J. Miccerandino

Date

8/9/88

Inspector (signature)

Carol A. O'Keefe

Date

8/9/88



NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

PA0002346088

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

AJAX STAMPING & MFG INC
3330 GERMANTOWN PK
COLLEGEVILLE, PA 19426

III. LOCATION OF INSTALLATION

3330 GERMANTOWN PK
COLLEGEVILLE, PA 19426

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

EPAD002346088

T/A C
3 1

80 08 06

Aug 6800000001

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

P.O. Box 160

CITY OR TOWN

ST.

ZIP CODE

Collegeville

PA 19426

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5

CITY OR TOWN

ST.

ZIP CODE

6

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 BARRETT EDMUND PRESIDENT

215-489-7249

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 AJAX STAMPING & MFG INC

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

PA000234608

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F006 23 - 26	2	3	4	5	6
7 23 - 26	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)


☐ 1. IGNITABLE
(D001)

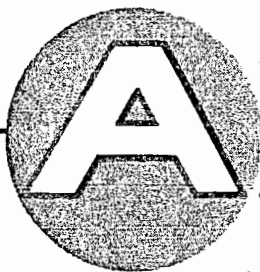
☐ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D004)
X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) EDMUND BARRETT PRESIDENT	DATE SIGNED 8/1/80
--	--	-----------------------



JAX STAMPING AND MANUFACTURING, INC.

3930 GERMANTOWN PIKE
P.O. BOX 160
COLLEGEVILLE, PENNSYLVANIA 19426

September 12, 1984

Commonwealth of Penna.
Dept. of Environmental Resources
P. O. Box 2063
Harrisburg, Pa. 17120

Attn: Leon Kuchinski

Dear Mr. Kuchinski

At the instructions of Larry Lunsck we are enclosing herewith a corrected copy of Notification Of Hazardous Waste Activity.

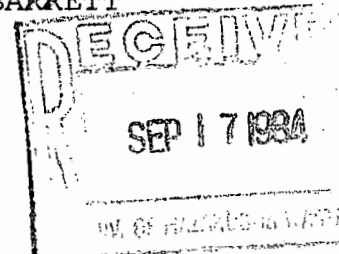
Please note the corrections to places in section VIII.

Very truly yours,

AJAX STAMPING & MFG., INC.

EDMUND BARRETT

EB/niz



METAL STAMPING
PLATING
METAL PARTS & ASSEMBLIES
TUBING FABRICATION

transp X
gen \$

XII DESCRIPTION OF HAZARDOUS WASTES (Continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 675.261(h)(2) for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 675.261(h)(3) for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
F 0 0 6					
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 675.261(h)(4) for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 675.261(e)(2) through (5))

☐ 1. IGNITABLE ☐ 2. CORROSIVE ☐ 3. REACTIVE ☐ 4. EXTREMELY TOXIC

XIII CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME and OFFICIAL TITLE (Type or Print)

DATE SIGNED

Edmund Barrett President

8/7/84

FOR OFFICIAL USE ONLY

RECEIVED
SEP 17 1984

AUG 8 1984

ER-SWM-53: Rev. 3/82

BUREAU OF SOLID WASTE MANAGEMENT
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

I. INSTALLATION'S EPA ID. NUMBER														
P	A	D	0	0	2	3	4	6	0	8	8			
II. NAME OF INSTALLATION														
Ajax Stamping & Mfg., Inc.														
III. INSTALLATION MAILING ADDRESS														
STREET OR P. O. BOX														
P. O. Box 160														
CITY OR TOWN										ST.	ZIP CODE			
Collegeville										PA	19426			
IV. LOCATION OF INSTALLATION														
STREET OR ROUTE NUMBER										MUNICIPALITY				
3930 Germantown Pike										Lower Providence Twp.				
CITY OR TOWN										ST.	ZIP CODE	COUNTY		
Collegeville										PA	19426	Montgomery		
V. INSTALLATION CONTACT														
NAME AND TITLE (last, first, & job title)										PHONE NO. (area code & number)				
Barrett, Edmund - President										215-489-72				
VI. OWNERSHIP														
A. NAME OF INSTALLATION'S LEGAL OWNER														
Ajax Stamping & Mfg., Inc.														
B. TYPE OF OWNERSHIP														
(enter the appropriate letter into box)														
F = FEDERAL M = NON-FEDERAL														
VII. SIC CODES (4-digit in order of priority)														
A. FIRST						C. THIRD								
3	4	9	9	(specify) Fabricated Metal Products							(specify)			
B. SECOND						D. FOURTH								
3	4	7	1	(specify) Electro-Plating							(specify)			
VIII. TYPE OF HAZARDOUS WASTE ACTIVITY														
<input checked="" type="checkbox"/> A. GENERATION			<input type="checkbox"/> C. STORE			<input type="checkbox"/> E. TRANSPORTATION (COMPLETE ITEM IX)			<input type="checkbox"/> G. REUSE, RECYCLE, RECLAIM					
<input checked="" type="checkbox"/> B. TREAT			<input type="checkbox"/> D. DISPOSE			<input checked="" type="checkbox"/> F. PERMIT BY RULE			<input type="checkbox"/> H. OTHER (specify):					
IX. MODE OF TRANSPORTATION (transporters only)														
<input checked="" type="checkbox"/> A. AIR			<input type="checkbox"/> C. RAIL			<input type="checkbox"/> E. HIGHWAY			<input type="checkbox"/> D. WATER			<input type="checkbox"/> F. OTHER (specify):		
X. EXISTING ENVIRONMENTAL PROGRAM PERMITS														
A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)								
P	A	0	0	3	4	5	2							
B. UIC (Underground Injection of Fluids)						E. SOLID WASTE								
C. RCRA (Hazardous Wastes)						F. OTHER								
XI. TYPE OF NOTIFICATION														
Mark "X" in appropriate box to indicate whether this is your installation's first notification of hazardous waste activity, or notification of a change in general information, hazardous waste handled, or hazardous waste activity. If you check B, C, D, E, or F, attach a letter of explanation (SEE INSTRUCTIONS).														
<input type="checkbox"/> A. FIRST NOTIFICATION			<input type="checkbox"/> C. DELETION OF A WASTE			<input type="checkbox"/> E. DELETION OF AN ACTIVITY			<input type="checkbox"/> G. ADDITION OF AN ACTIVITY					
<input type="checkbox"/> B. CHANGE OF GENERAL INFORMATION			<input type="checkbox"/> D. ADDITION OF A WASTE			<input type="checkbox"/> F. ADDITION OF AN ACTIVITY								

CONTINUE ON REVERSE

BUREAU OF SOLID WASTE MANAGEMENT
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

I. INSTALLATION'S EPA I.D. NUMBER															
P	A	D	0	0	2	3	4	6	0	8	8				
II. NAME OF INSTALLATION															
Ajax Stamping & Mfg. Inc.															
III. INSTALLATION MAILING ADDRESS															
STREET OR P. O. BOX															
P. O. Box 160															
CITY OR TOWN										ST.	ZIP CODE				
Collegeville										PA	19426				
IV. LOCATION OF INSTALLATION															
STREET OR ROUTE NUMBER										MUNICIPALITY					
3930 Germantown Pike										Lower Providence Twp.					
CITY OR TOWN										ST.	ZIP CODE				
Collegeville										PA	19426				
COUNTY										Montgomery					
V. INSTALLATION CONTACT															
NAME AND TITLE (last, first, & job title)										PHONE NO. (area code)					
Barrett, Edmund - President										2154897					
VI. OWNERSHIP															
A. NAME OF INSTALLATION'S LEGAL OWNER															
Ajax Stamping & Mfg., Inc.															
B. TYPE OF OWNERSHIP															
(enter the appropriate letter into box)															
F - FEDERAL M - NON-FEDERAL <input type="checkbox"/>															
VII. SIC CODES (4-digit in order of priority)															
A. FIRST						C. THIRD									
3499 (specify) Fabricated Metal Products						(specify)									
B. SECOND						D. FOURTH									
3471 (specify) Electro-Plating						(specify)									
VIII. TYPE OF HAZARDOUS WASTE ACTIVITY															
<input checked="" type="checkbox"/> A. GENERATION				<input type="checkbox"/> C. STORE				<input type="checkbox"/> E. TRANSPORTATION (COMPLETE ITEM IX)				<input type="checkbox"/> G. REUSE, RECYCLE, RECLAIM			
<input type="checkbox"/> B. TREAT				<input type="checkbox"/> D. DISPOSE				<input type="checkbox"/> F. PERMIT BY RULE				<input type="checkbox"/> H. OTHER (specify):			
IX. MODE OF TRANSPORTATION (transporters only)															
<input type="checkbox"/> A. AIR			<input type="checkbox"/> B. RAIL			<input type="checkbox"/> C. HIGHWAY			<input type="checkbox"/> D. WATER			<input type="checkbox"/> E. OTHER (specify):			
X. EXISTING ENVIRONMENTAL PROGRAM PERMITS															
A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)									
P A 0 0 3 4 6 2															
B. UIC (Underground Injection of Fluids)						E. SOLID WASTE									
C. RCRA (Hazardous Wastes)						F. OTHER									
						(specify)									
XI. TYPE OF NOTIFICATION															
Mark "X" in appropriate box to indicate whether this is your installation's first notification of hazardous waste activity, or notification of a change in general information, hazardous waste handled, or hazardous waste activity. If you check B, C, D, E, or F, attach a letter of explanation (SEE INSTRUCTIONS).															
<input type="checkbox"/> A. FIRST NOTIFICATION				<input type="checkbox"/> C. DELETION OF A WASTE				<input type="checkbox"/> E. DELETION OF AN ACTIVITY							
<input type="checkbox"/> B. CHANGE OF GENERAL INFORMATION				<input type="checkbox"/> D. ADDITION OF A WASTE				<input type="checkbox"/> F. ADDITION OF AN ACTIVITY							

CONTINUE ON REVERSE

XII DESCRIPTION OF HAZARDOUS WASTES (Continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 575.281(h)(2) for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 575.281(h)(3) each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 F 0 0 6	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 575.281(h)(4) for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

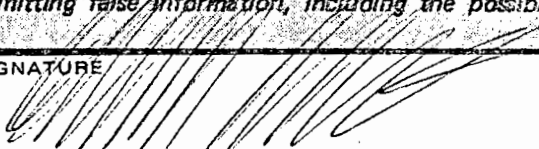
D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 575.281(p)(2) through (5))

☐ 1. IGNITABLE
 ☐ 2. CORROSIVE
 ☐ 3. REACTIVE
 ☐ 4. EP TOXIC

XIII CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME and OFFICIAL TITLE (Type or Print)

Edmund Barrett President

DATE SIGNED

8/7/84

FOR OFFICIAL USE ONLY

AUG 9 1984

DIV. OF HAZARDOUS WASTES



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•PAD002306088

INSTALLATION ADDRESS

AJAX STAMPING & MFG. INC.
3930 GERMANTOWN PK
COLLEGEVILLE PA 19426

3930 GERMANTOWN PK
COLLEGEVILLE PA 19426



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES



1875 New Hope Street
Norristown, PA 19401
(215) 270-1920


September 27, 1984

Mr. Edmund Barrett, President
Ajax Stamping & Mfg., Inc.
3930 Germantown Pike
P.O. Box 160
Collegeville, PA 19426

Dear Mr. Barrett:

This refers to your request for permit by rule status under the Pennsylvania Hazardous Waste Regulations, Section 75.265(z)(17). We have reviewed your revised notification of hazardous waste activity form and an inspection was made on September 20, 1984. Your facility satisfies all the conditions that are deemed necessary for a hazardous waste treatment facility to have permit by rule status. Permit by rule status is contingent upon being in compliance with all hazardous waste management's conditions as stated in Section 75.265(z)(17) and noncompliance will result in the loss of the permit by rule status.

Very truly yours,

Wayne L. Lynn 
Regional Solid Waste Manager

WLL/bal

CC: Field Supervisor
Division of Hazardous Waste Management
U.S. EPA Code 3HW32 ✓
Re 30

RECEIVED
Facilities Management Section

OCT 1 - 1984

U.S. EPA, Region III

SUBJECT: RCRA Inspection - *Apax/Acorn Mfg., Inc. - Collegeville, Pa.* DATE: *8/25/87*
PAD 002346088

TO: *gk* Gregory A. Koltonuk, Environmental Scientist
PA-RCRA Enforcement Section (3HW11)

File

FROM: Peter W. Schaul, Chief SA *WPS*
PA-RCRA Enforcement Section (3HW11)

BASED UPON A REVIEW OF THE RCRA INSPECTION REPORT FOR THE FACILITY
REFERENCED ABOVE, I HAVE DETERMINED THAT NO FURTHER ACTION IS
REQUIRED AT THIS TIME.

EWastes

HAZARDOUS WASTE INSPECTION REPORT
Generators - Part A

Date of inspection August 10, 1987 Time start 1:15 Time finish 3:00
Name of inspector CAROL A. QUIGLEY
Company, installation name ATAK/ACORN MANUFACTURING INC.
Location 3930 GERMANTOWN PIKE, COLLEGEVILLE PA 19426
County Montgomery Municipality Lower Merion
Identification number PA0002346088
Name of responsible official ROBERT KAMIN
Title PRESIDENT
Mailing address 3930 GERMANTOWN PIKE, PO Box 160, COLLEGEVILLE PA 19426
Area code and phone no. (215) 489-7249
Name of person interviewed ROBERT KAMIN & ARTHUR PIEKIELNIAK
Title PRESIDENT SUPERINTENDENT
Mailing address (if different from above) Same
Area code and phone no. Same

1. Current waste handling method:

- a. ☐ On-site ☐ treatment, ☐ storage, ☐ disposal
b. ☐ On-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim
c. ☒ Off-site ☒ treatment, ☒ storage, ☒ disposal
d. ☐ Off-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim

2. Amount of hazardous waste produced:

- a. 34,400 kg./mo. (based on Jan - Aug 87 figures)
b. 455,600 kg./yr. (based on ~~the~~ July 86 - June 87 figures)

3. Types of hazardous waste produced by Hazardous Waste Number:

F006
D001

4. Are hazardous wastes transported off-site by the generator? ☐ Yes ☒ No

Eldredge
Waste Conversion

CHANGE STATUS			REQUIREMENT	CITATION
	3	4		75.26
X			Identification number	(c) (1)
(Hazardous waste shipments offered only to licensed transporters	(c) (4)
(Authorization received from TSD facility for wastes shipped off-site	(d)
(PA manifest used for intrastate shipments	(e) (1)
(Disposer state manifest or EPA format manifest used for out-of-state shipments	(e) (1)
X			Manifests filled out properly and completely	(e) (1)
X			Manifests routed properly	(e) (2)
	X		Proper U.S. DOT shipping containers or packages	(f) (1)
	X		Shipping containers marked and labeled according to U.S. DOT.	(f) (1)
	X		Containers of 100 gal. or less marked with required PA label	(f) (1)
X			Placards offered to transporter	(f) (2)
	X		Wastes accumulated on-site for less than 90 days	(g) (1)
	X		Wastes stored in proper containers and properly marked and labeled	(g) (1)
	X		Containers managed in accordance with 75.265 (q)	(g) (1)
	X		Containers clearly marked with accumulation date and visible for inspection	(g) (1)
X			Records retained at designated location for 20 years	(h)
X			Quarterly reports submitted to the Department	(i)
	X		Exception reporting procedures followed	(j)
	X		Hazardous waste disposal plan, if required	(l)
	X		Spill reporting procedures followed	(m) (1)
X			Preparedness, Prevention and Contingency Plan approved and implemented	(m) (1)
	X		Special requirements followed for international shipments	(o)
	X		Hazardous Waste Determination	(b)
X			Training Program 75.265 (f)	
X			Tanks 75.265 (r)	

Date of inspection August 10/1/87 Identification number PNJ 002 570008

Company, Installation name ATAX/ACORN Manufacturing Inc.

County MONTGOMERY Municipality Lower Prov.

Permission to inspect granted by R. Kamin

MANIFEST NJA0152231 Copy 3 (TSO to Generator)
was not available at time of inspection

Electroplating sludge is only hazardous waste
currently generated. Sludge is stored
in 5000 gal tank after treatment process.
No other wastes are generated on site.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Solid Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.

Person Interviewed (signature) Robert F. Allen

Date 8/10/87

Inspector (signature) Carol A. Quigley

Date 8/10/87

270-1886

HAZARDOUS WASTE INSPECTION REPORT
TSD Facilities - Part A

Date of inspection August 10, 1987 Time start 1:15 Time finish 3:00
Name of inspector CAROL A. QUIGLEY
Company, installation name AXAX/ACORN MANUFACTURING INC.
Location 3930 GERMANTOWN PIKE, COLLEGEVILLE PA 19426
County Montgomery Municipality Lower Prov.
Identification number PA11002346088
Name of responsible official ROBERT KAMIN
Title PRESIDENT
Mailing address 3930 GERMANTOWN PIKE, PO BOX 160, COLLEGEVILLE PA 19426
Area code and phone no. (215) 489-7249
Name of person interviewed ROBERT KAMIN & ARTUR PIEKIELNIAK
Title PRESIDENT SUPERINTENDENT
Mailing address (if different from above) same
Area code and phone no. same

1. Site characterization:

- a. ☒ Treatment - ☐ surface impoundments, ☒ chemical, ☒ physical, ☐ biological
b. ☒ Storage - ☐ containers, ☒ tanks, ☐ surface impoundments, ☐ waste piles
c. ☐ Disposal - ☐ land treatment, ☐ landfill, ☐ incineration, ☐ thermal treatment
d. ☐ Use, ☐ reuse, ☐ recycle, ☐ reclaim

2. Does the facility generate hazardous wastes? ☒ Yes ☐ No

3. Types of hazardous waste produced by Hazardous Waste Number:

0001
F006

4. Are hazardous wastes transported off-site by the facility? ☐ Yes ☒ No

Company, Installation name ATAJ/ACORN MANUFACTURINGCounty Montgomery Municipality MONTGOMERY

This is a PBR facility

WASTE WATER generated by electroplating process is treated on-site and discharged (under NPDES permit) to the stream next to the tank area. There are 3 33,000 gal treatment - settling tanks, one 3000 gal sludge treatment tank and one 5000 gal sludge holding tank, all within a contained area.

At the time of inspection, there was a sludge/water mixture in the contained area beneath the tanks.

MR. PIEKIELNIAK informed me that the sump for the contained area is pumped back into the wastewater pit so that it is treated.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Solid Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.

Person Interviewed (signature) _____ Date _____

Inspector (signature) CAROL A. Quigley Date 8/10/07



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

July 6, 1981

Mr. Edmund Barrett
Ajax Stamping and Mfg., Inc.
P.O. Box 160
Collegeville, PA 19426

Re: EPA I.D. No. PAD 00 234 6088

Dear Mr. Barrett:

EPA has completed its initial review of your application for a permit to treat/store/dispose of hazardous waste under the Resource Conservation Recovery Act ("RCRA"). From the information provided it appears that you are not required to obtain a RCRA permit in accordance with 40 CFR Part 122.21(d)(2). Under this section, a generator is allowed to accumulate hazardous waste on-site for up to 90 days, in accordance with 40 CFR Part 262.34, without a RCRA permit. This section also states that owners or operators of an "elementary neutralization unit" or a "wastewater treatment unit," as defined in 40 CFR Part 260.10, are not required to obtain RCRA permits. These are defined as follows:

A) Elementary Neutralization Unit means a device which:

- (1) Is used for neutralizing wastes which are hazardous wastes only because they exhibit the corrosivity characteristic defined in §261.22 of EPA's Hazardous Waste Regulations, or are listed in Subpart D of Part 261 of EPA's Hazardous Waste Regulations only for this reason; and,
- (2) Meets the definition of tank, container, transport vehicle, or vessel in §260.10 of EPA's Hazardous Waste Regulations.

B) Wastewater Treatment Unit means a device which:

- (1) Is part of a wastewater treatment facility which is subject to regulation under either Section 402 (NPDES Permit Program) of Section 307(b) (Pretreatment Requirements) of the Clean Water Act; and,
- (2) Receives and treats or stores an influent wastewater which is a hazardous waste as defined in §261.3 of EPA Hazardous Waste Regulations, or generates and accumulates a wastewater treatment sludge which is a hazardous waste as defined in §261.3 of EPA's Hazardous Waste Regulations, or treats or stores a wastewater treatment sludge which is a hazardous waste as defined in §261.3 of EPA Hazardous Waste Regulations; and,

(3) Meets the definition of tank in §260.10 of EPA's Hazardous Waste Regulations.

C) Tank means a stationary device, designed to contain an accumulation of hazardous waste which is constructed primarily of non-earthen materials (e.g. wood, concrete, steel, plastic) which provide structural support.

You should be aware that EPA is concurrently proposing to modify Parts 122, 260, 264 and 265 to establish special standards and permit requirements for the owners/operators of these facilities. Under this proposal, which is also contained in the November 17, 1980 Federal Register, these owner/operators would be granted a permit-by-rule as long as certain requirements, proposed in Part 266, were met. Also, the permit-by-rule could be terminated for violation of the Part 266 standards or where additional requirements are found to be necessary to protect human health and the environment.

EPA is returning your permit application since the information contained therein does not demonstrate that the facility is required to obtain a permit under Section 3005 of RCRA. If EPA's interpretation of the application is incorrect or if the application itself is incorrect and the facility is in fact one which is required to have a permit under Section 3005 of the Act, a complete RCRA Part A Application (EPA Forms 3510-1 and 3510-3) must be completed and resubmitted to this office by August 6, 1981. If hazardous waste is handled at the facility referenced above and the applicant fails or refuses to submit a complete Part A Application within this period, appropriate enforcement action may be taken.

If you have any questions, or need assistance, please contact Bill Walsh at (215) 597-1230.

All replies should be addressed to:

U.S. Environmental Protection Agency
Permits Enforcement Branch
6th and Walnut Streets
Philadelphia, PA 19106
Attn: Ms. Shirley Bulkin

Sincerely yours,

Shirley D. Bulkin
RCRA Administrative Support Section
Permits Enforcement Branch

COMMUNICATION

☐ OTHER (SPECIFY)

(Record of item checked above)

TO: AJAX STAMPING & MFG INC.
EDMUND BARRETT-PRES
PAD 00 234 6088

FROM: PAUL J. GOTHOLD
EPA REGION III
RCRA

DATE 3/26/81

TIME 2:30 PM

SUBJECT

PART A - APPLICATION

SUMMARY OF COMMUNICATION

CALLED MR. BARRETT - HE WILL SEND A REVISED ~~MAR~~
FACILITY DRAWING ~~AND A~~ ASAP. HOWEVER,
IN SPEAKING TO MR. BARRETT, HE TOLD ME THAT HIS FACILITY
DISCHARGES TO A STREAM UNDER AN NPDES PERMIT AFTER
TANK TREATMENT. HE IS THEREFORE AN EXEMPTED FACILITY -
WILL CALL AGAIN AFTER DISCUSSION OF FACILITY DRAWING.

CONCLUSIONS, ACTION TAKEN OR REQUIRED

INFORMATION COPIES

TO:

Name of Facility: Ajax Stamping & Manufacturing Inc.

Form 1 (EPA Form 3510-3)

ITEM NUMBER

II. Pollutant Characteristics ☐*III. Name of Facility ☐IV. Facility Contact ☐

V. Facility Mailing Address

A. Street or P.O. Box ☐B. City or Town ☐C. State ☐D. Zip Code ☐

VI. Facility Location

*A. Street, Route Number ☐B. County Name ☐*C. City or Town ☐*D. State ☐E. Zip Code ☐F. County Code (if known) ☐VII. SIC Codes (other than Process and Hazardous Waste) ☐

VIII. Operator Information

*A. Name ☐*B. Is the name listed in VIII-A also the owner ☐C. Status of operator ☐D. Phone ☐*E. Street or P.O. Box ☐*F. City or Town ☐*G. State ☐H. Zip Code ☐

- IX. Indian Land
- X. Existing Environmental Permits
- XI. Map
- XII. Nature of Business
- XIII. Certification
 - A. *1. Name and
 - 2. Official Title
 - *B. Signature
 - *C. Date Signed

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Comments:

Form 1 is missing

Items preceded by * must be submitted by _____.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

JAN 20 1981

Certified Mail

Return Receipt Requested

Mr. Edmund Barrett
Ajax Stamping And Manufacturing Inc.
P.O. Box 160
Collegeville, PA 19426

Re: Hazardous Waste Permit Application - Missing Information

EPA I.D. Number: PAD002346080

Facility Name: Ajax Stamping And Manufacturing Inc,

Facility Location: 3930 Germantown Pike
Collegeville, PA 19462

Dear Mr. Barrett:

The Environmental Protection Agency (EPA) has received an application for a Federal hazardous waste permit for the facility referenced above. The Agency has reviewed the application and found that the information items marked below are missing. These items must be completed and the application returned to this office by Feb. 18, 1981 in order for the Agency to determine whether the owner or operator of the facility qualifies for interim status.

Because we received a large number of permit applications, we were able to conduct only a preliminary review of this application and will conduct a more detailed review at a later date. If we find that additional items are missing, we will contact you again at that time.

THE FOLLOWING MISSING ITEMS MUST BE COMPLETED.

☐ Form 1 Item XIII B Signature

☐ Form 3 Item IIA1 Date Operation Began or Construction Commenced

☒ Form 3 Item IXB Owner's Signature

If you have any questions, please contact Joan Henry on 215-597-8751 or Bill Walsh on 215-597-1230.

Sincerely yours,

Shirley D. Bulkin
Shirley D. Bulkin

Chief, RCRA Administrative Support Section
Permits Enforcement Branch
Enforcement Division

Enclosure



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III.

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

EPA I.D. # PAD 00 234 6088

February 11, 1981

Mr. Edmund Barrett
Ajax Stamping & Mfg. Inc.
P.O. Box 160
Collegeville, PA 19426

Re: Acknowledgment of Application for
a Hazardous Waste Permit

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown above; and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980.

While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

Date Sent: 1/16/81

Date Rtd: 1/6/81

INTERNAL CHECKLIST

ACKNOWLEDGEMENT SENT
RECEIVED
RCRA SECTION
EPA REGION III

Nov 13 80 201665

1. Interim Regulatory Requirements

- A. (1) FORM 1 MISSING ☐
- (2) FORM 3 MISSING ☐
- B. POSTMARK after NOVEMBER 19, 1980 ☐ Valid
- C. (1) DATE of OPERATION MISSING ☐
- (2) DATE of OPERATION after NOVEMBER 19, 1980 ☐
- D. (1) NOTIFIED after AUGUST 18, 1980 ☐ Valid
- (2) NONNOTIFIER ☐
- E. (1) FORM 1, XIII B SIGNATURE MISSING ☐
- (2) FORM 3, IX B SIGNATURE MISSING ☐

- 2. A. TSDF ☐
- B. NONREGULATED ☐
- C. UNSURE ☐
- D. UNKNOWN FACILITY ☐
- (missing name and address on Form 3)
- E. NEW FACILITY ☐
- F. CORE ITEM(S) MISSING ☐
- G. NONCORE ITEM(S) MISSING ☐
- H. OTHER ☐

LABEL ITEMS	
I. EPA I.D. NUMBER	
III. FACILITY NAME	
V. FACILITY MAILING ADDRESS	
VI. FACILITY LOCATION	

Nov 1980 000416
PLEASE PLACE LABEL IN THIS SPACE

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit applications. If you answer "yes" to any of the questions, you must submit this form and the supplemental form listed in the parenthesis following the question. If the supplemental form is attached, you need not submit it. If you answer "no" to each question, you need not submit this form. This form is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions.

SPECIFIC QUESTIONS	MARK "X"				MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	ATT
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility include a discharge of aquatic snails or other animals to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility in A or B above? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you discharge or store, within one mile of the facility, any of the following: (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	A J A X S T A M P I N G A N D M A N U F A C T U R I N G I N C
---	------	---

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	EDMUND BARRETT PRESIDENT	215	489 7249

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	P O B O X 160	4	COLLEGEVILLE	PA	19426

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	3930 GERMANTOWN PIKE	6	MONTGOMERY	6	PA	19462	

A. FIRST										B. SECOND																					
C		7		3		4		9		9		(specify)		Fabricated Metal Products		C		7		3		4		7		1		(specify)		Electroplating	
15		16		17		18		19								15		16		17		18		19							
C. THIRD										D. FOURTH																					
C		7										(specify)				C		7										(specify)			
15		16		17		18		19								15		16		17		18		19							

c		A. NAME	B. Is the name listed in Item VIII-A also your owner?
8	15	A J A X S T A M P I N G A N D M A N U F A C T U R I N G I N C	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

D. PHONE (area code & no.)

D	(specify)
---	-----------

C
A

2 1 5	4 8 9	7 2 4 9
16 - 18	10 - 21	22 - 25

E. STREET OR P.O. BOX

P O B O X 1 6 0

F. CITY OR TOWN

G. STATE	H. ZIP CODE
----------	-------------

IX: INDIAN LAND

Is the facility located on Indian lands?

☐ YES ☒ NO

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C	Y	I								C	Y	I							
9	N		P A 0 0 3 4 6 2 2							9	P								
13	16	12	18							30	15	16	17	18					

B. UIC (Underground Injection of Fluids)

E. OTHER (specify)

C	T	I
---	---	---

(specify)
Industrial Waste Discharge

C. RCRA (Hazardous Wastes)

E. OTHER (specify):

C	T	I
---	---	---

X1. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

Fabrication of metal parts
Chrome and brass plating of metal parts

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)

B. SIGNATURE

C. DATE SIGNED

EDMUND BARRETT PRESIDENT

[Signature] 11/13/80

COMMENTS FOR OFFICIAL USE ONLY

ITEM NUMBER

*II. A. First Application

1. Existing Facility Date (on or before November 19, 1980) ☐

2. New Facility Date (after November 19, 1980) ☐

*III. Processes

A. Process Code ☐

B. Process Design Capacity-Amount

1. Amount ☐

2. Unit of Measure ☐

*IV. Description of Hazardous Wastes

A. EPA Hazardous Waste Number ☐

B. Estimated Annual Quantity ☐

C. Unit of Measure ☐

D. Processes

1. Process Codes ☐

2. Process Description ☐

V. Facility Drawing ☐

VI. Photographs ☐

VII. Facility Geographic Location ☐

VIII. Facility Owner

*1. Name of Facility's Legal Owner ☐

2. Phone ☐

*3. Street or P.O. Box ☐

*4. City or Town ☐

*5. State ☐

6. Zip Code ☐

*IX. Owner Certification

A. Name

☐

B. Signature

☐

C. Date Signed

☐

*X. Operator Certification

A. Name

☐

B. Signature

☐

C. Date

☐

Comments:

Form 3 is missing

☐

Items preceded by * must be submitted by _____.

APPLICATION APPROVED		DATE RECEIVED (yr., mo., & day)		
23		24	*	29

Place an "X" in the appropriate box in A or B below (*mark one box only*) to indicate whether this is the first application you are submitting for your facility's revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

YR.		MO.		DAY	
73	74	75	76	77	78

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, describe the process (*including its design capacity*) in the space provided on the form (*Item III-C*).

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process:

1. **AMOUNT** — Enter the amount.
2. **UNIT OF MEASURE** — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS		T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER HOUR OR LITERS PER HOUR
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	H
CUBIC-YARDS	Y	METRIC TONS PER HOUR	W	ACRES	A
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	H
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C			DUP			T/A	C						
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY						
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)			1. AMOUNT	2. UNIT OF MEASURE (enter code)						
X-1	S O 2	600	G	5									
X-2	T O 3	20	E	6									
1	T O 1	33,000	U	7									
2	T O 4	28,800	U	8									
3	S O 2	7,300	G	9									
4				10									

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T04 Centrifuge with feed capacity of 20 gpm.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pound per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two waste are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	T/A	C
F	P	A
D	0	0
2	3	4
6	0	8
8	6	

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	0	1	1	0	0
65	66	67	68	69	71

LONGITUDE (degrees, minutes, & seconds)

7	5	2	6	2	2
72	73	75	76	77	79

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

EDMUND BARRETT

B. SIGNATURE

C. DATE SIGNED

2/5/81

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

EDMUND BARRETT

B. SIGNATURE

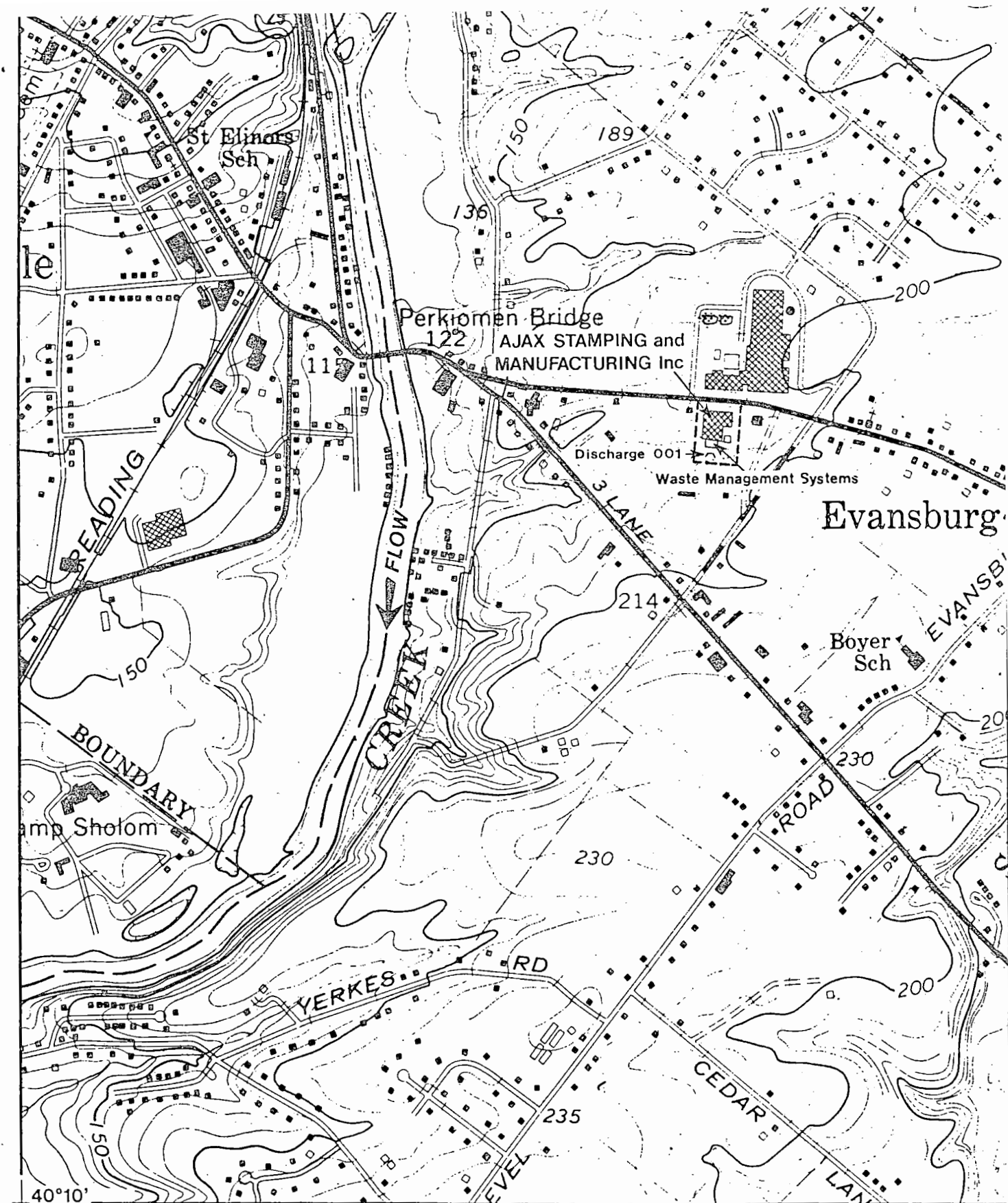
C. DATE SIGNED

11/13/80

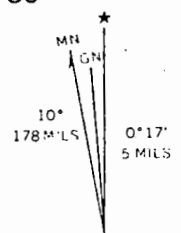
EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
S W P A D 0 0 2 3 4 6 0 8 8 T/A C 1 1 2 13 14 15													S W T/A C 2 DUP 1 2 13 14 15 23 24 25 26												

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES							
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
				27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29		
1	F 0 0 6	250,000	P	T 0 4	S 0 2					Centrifuge	
2	D 0 0 0	25,000	T	T 0 1							
3	D 0 0 7									Included with above	
4	D 0 0 3	12,500	T	T 0 1							
5											
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40°10'
75°27'30"



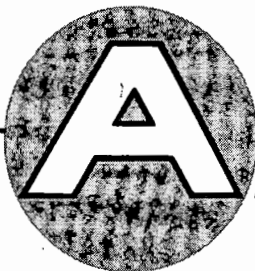
0 1000 2000 ft

COLLEGEVILLE QUADRANGLE
PENNSYLVANIA
7.5 MINUTE SERIES (TOPOGRAPHIC)

LOCATION MAP

AJAX STAMPING and
MANUFACTURING, Inc.
Collegeville, Pa.

Paul



AJAX STAMPING AND MANUFACTURING, INC.

3930 GERMANTOWN PIKE

P.O. BOX 160

COLLEGEVILLE, PENNSYLVANIA 19426

March 26, 1981

Environmental Protection Agency

Region 3

6th & Walnut Streets

Mail Stop 3EN24

Philadelphia, Pa. 19106

Attention: Mr. Paul Gotthold

Dear Mr. Gotthold:

Enclosed please find the annotated drawing of our treatment tanks that you requested.

If you have any further questions please contact me.

Very truly yours,

~~AJAX STAMPING & MANUFACTURING INC.~~

Edmund Barrett

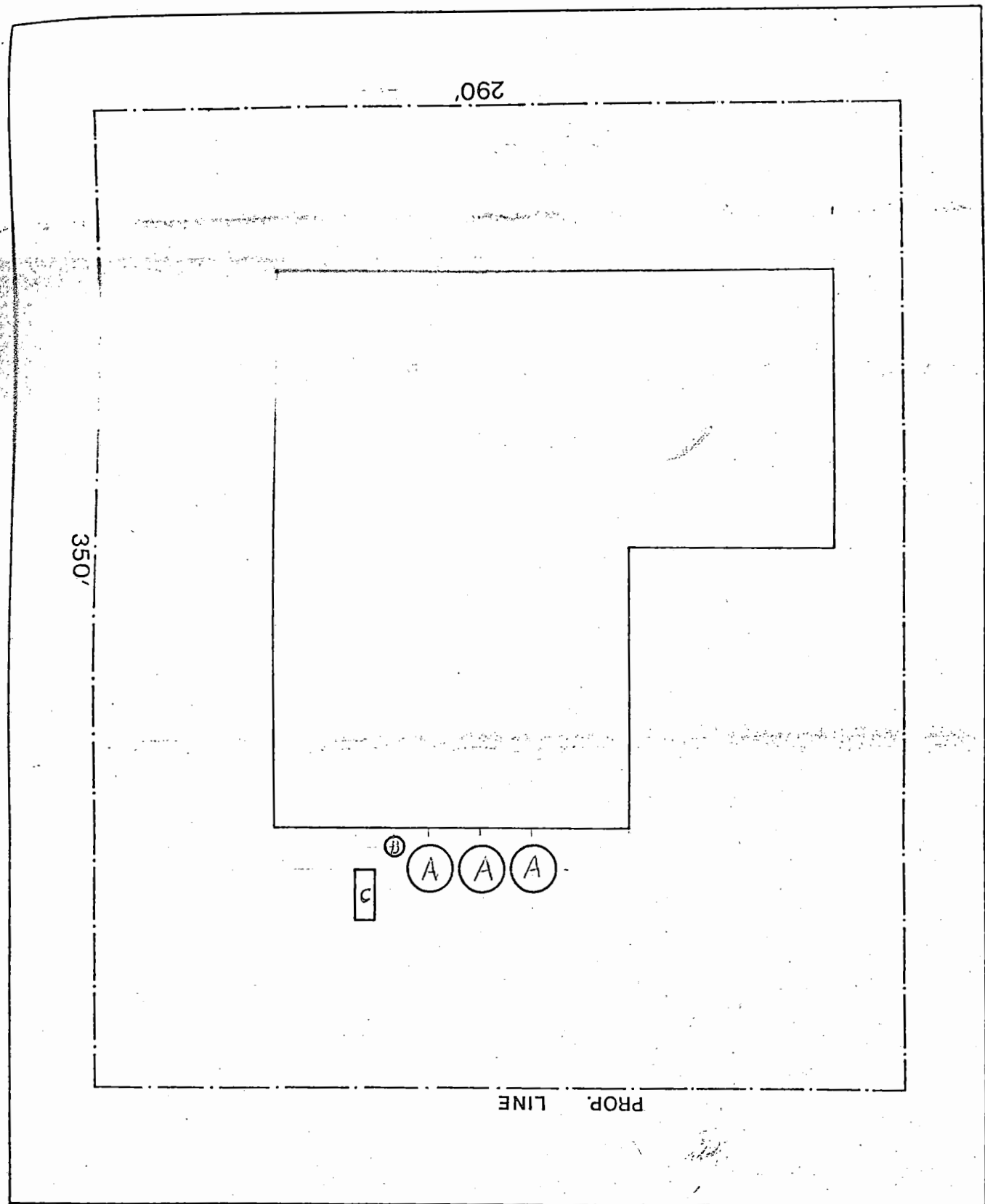
EB/jp

METAL STAMPING
PLATING
METAL PARTS & ASSEMBLIES
TUBING FABRICATION

ING INC.
P.O. Box 160

19426

Settling Tanks
Treatment Tanks
Sludge Holding Tanks

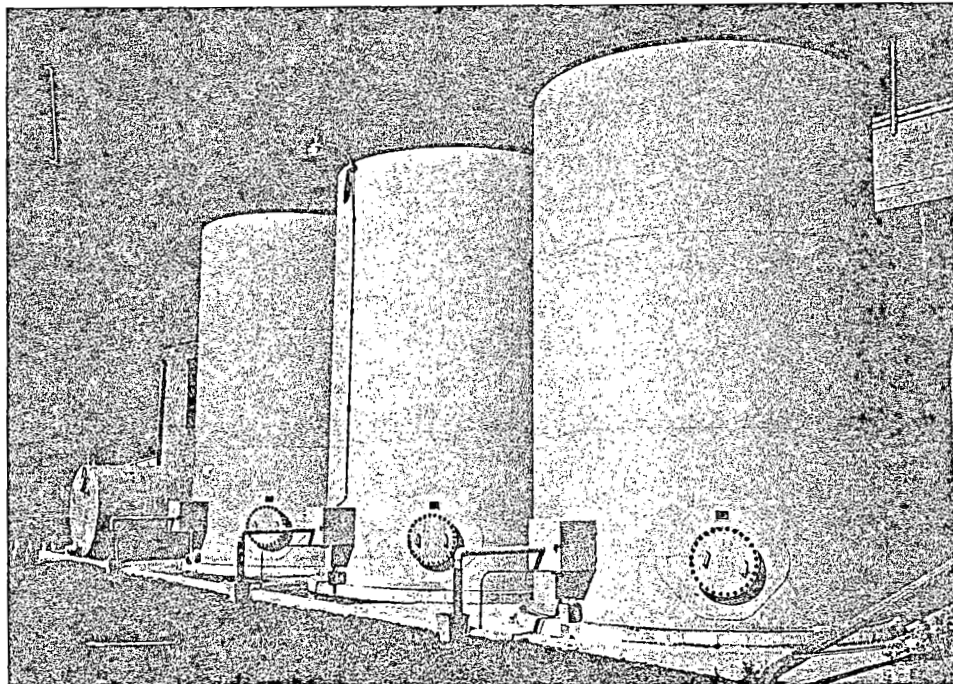
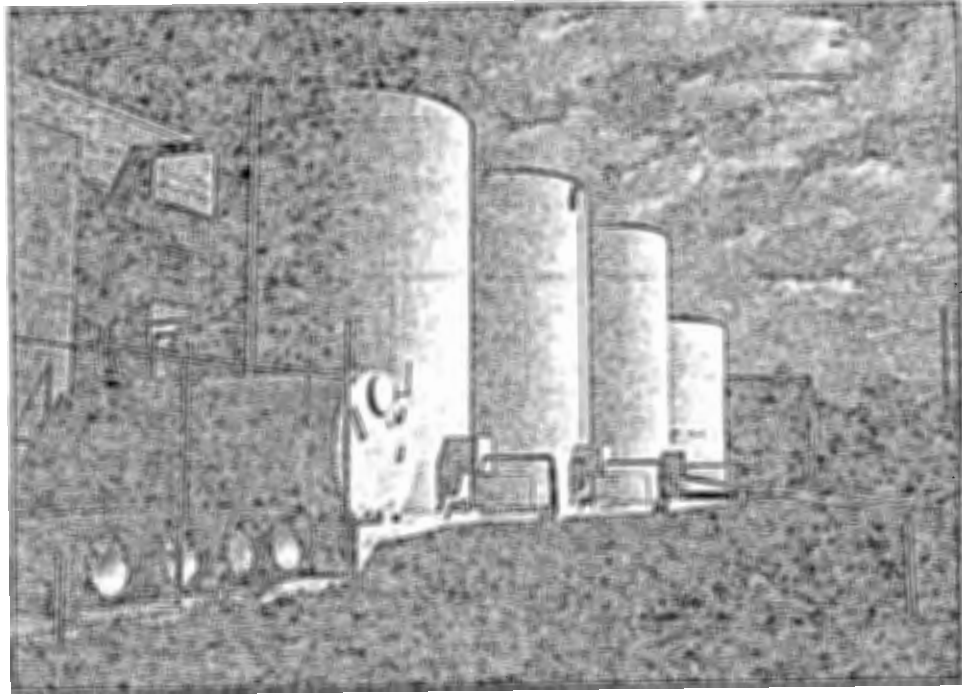


Betz • Converse • Murdoch • Inc.

Betz • Converse • Murdoch • Inc.

BCM

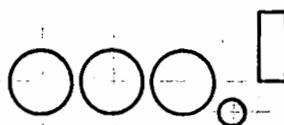
Consulting Engineers, Planners and Architects



Eastern Group

One Plymouth Meeting Mall • Plymouth Meeting, PA 19462 • Phone: 215 • 825-3800 • TWX 510-660-8034

PROP. LINE



350'

290'



Collegeville, Pa. 19426

KEY

- A- Treatment - Settling Tanks
- B- Sludge Treatment Tanks
- C- Sludge Holding Tanks

